



B7B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/724,871 Confirmation No.: 1629
Applicants: Randall S. HICKLE
Filed: December 2, 2003
Title: SYSTEMS AND METHODS FOR PROVIDING
GASTROINTESTINAL PAIN MANAGEMENT
TC/A.U.: 3739
Examiner: Beverely M. Flanagan
Docket No.: 82021-0043
Customer No.: 24633

Mail Stop Issue Fee

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith for filing is an 1.312 Amendment in the above-identified application.

- Applicant petitions for an extension of time, the fees for which are set forth in 37 C.F.R. § 1.17(a), for the total number of months checked below:

<u>Total Months Requested</u>	<u>Fee for Extension</u>	<u>Fee for Small Entity</u>
<input type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input type="checkbox"/> two month	\$ 450.00	\$ 225.00
<input type="checkbox"/> three month	\$ 1020.00	\$ 510.00
<input type="checkbox"/> four month	\$ 1590.00	\$ 795.00
<input type="checkbox"/> five month	\$ 2160.00	\$ 1080.00

Extension of time fee due with this request: **\$ 0.00**

If an additional extension of time is required, please consider this a Petition therefore.

U.S. Application No. 10/724,871
Amendment Transmittal



The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	24	MINUS	24	= 0	x 50/25 =	\$ 0.00
INDEP.	5	MINUS	5	= 0	x 200/100 =	\$ 0.00
Issue/Publication Fee						\$ 1,700.00
						TOTAL \$ 1,700.00

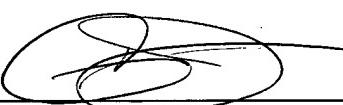
- No additional fee is required.
- A check in the amount of \$1,700.00 is attached.
- Please charge my Deposit Account No. 50-1349 the amount of \$.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1349.
- Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
- Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

HOGAN & HARTSON LLP

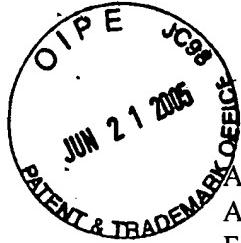
Dated: June 21, 2005

HOGAN & HARTSON LLP
555 Thirteenth Street, N.W.
Washington, D.C. 20004
Telephone: 202-637-5703
Facsimile: 202-637-5910
e-mail: cjcrowson@hhlaw.com
Customer No. 24633

By: 

Celine Jimenez Crowson
Registration No. 40,357

Thomas W. Edman
Registration No. 51,643



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/724,871 Confirmation No.: 1629
Applicant(s): Randall S. HICKLE
Filed: December 2, 2003
Titled: SYSTEMS AND METHODS FOR PROVIDING
GASTROINTESTINAL PAIN MANAGEMENT
TC/A.U.: 3739
Examiner: Beverley M. Flanagan
Docket No.: 82021-0043
Customer No.: 24633

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT UNDER 37 C.F.R. § 1.312

Sir:

Applicant acknowledge receipt of a Notice of Allowance in the above-captioned application. Prior to payment of the issue fee, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.